

Instructions for  
Provider Fee, Patient Days and Net Revenue Report  
For Georgia Nursing Homes Not Enrolled in the Medicaid Program

Facility Name, City and Preparer Information - Enter the facility's name and location and specify the quarterly reporting period. Also, identify the person responsible for preparing the report who could answer any questions about the information being reported.

Line 1. Patient Days Summary

Column 1 - Report the number of days for which patients resided in the facility for each month listed on lines a, b and c for which a payment is expected from the Medicare program. Please enter the appropriate data for each month, with a total for all months on line d.

Column 2 – For Georgia nursing homes that are not enrolled in the Medicaid program, 0 days should be reported for each line.

Column 3 - Excluding patient days reported in the preceding columns, report the number of days for which patients resided in the facility for each month listed on lines a, b and c. Please enter the appropriate data for each month, with a total for all months on line d.

Column 4 – Sum of columns 1 through 3.

Column 5 – Report the number of days for which patients did not reside in the facility but for which charges were billed. Days billed while patients were on leave or during brief hospital stays are examples of the types of patient days entered in this column. Please enter the appropriate data for each month, with a total for all months on line d.

Column 6 – Sum of columns 4 and 5.

Line 2. Nursing Home Provider Fee Per Patient Day – The fee per patient day is \$8.50.

Line 3. Nursing Home Provider Fee for Quarter – Equals Line 1d, column 3 multiplied by Line 2.

Line 4. Provider Fee Monthly Payments – Each line is calculated in the same manner:

Line a – Equals Line 3 divided by 3

Line b – Equals Line 3 divided by 3

Line c – Equals Line 3 divided by 3

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Line 5. Net Revenue for Patient Services – Enter the net funds expected to be collected for patient services provided during the quarter. This amount can be determined as the amount of charges for patient services less contractual allowances and any other adjustments for revenues that may not be collected, such as charity care or bad debt.

When completed, an authorized representative of the nursing home must sign the report. The signer's name, title and date of signature must also be included. The report must be filed by the 30<sup>th</sup> day following the end of the reported quarter and may be submitted by mail or fax to:

Nursing Home Services Unit  
Georgia Department of Community Health  
Division of Financial Services  
2 Peachtree Street, NW  
Atlanta, Georgia 30303-3159  
Fax (404) 657-4199